

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: West Virginia

Requirements for Third Party Liability -
Identifying Liable Resources

(1) Frequency of TPL matches:

- a. SSA wage and earnings - weekly and monthly.
- b. IV-A agency - the State agency is also the IV-A agency. Assignment of third party resources is a part of the application. Updates are available on a daily basis.
- c. State Workers Compensation - monthly.
- d. SWICA - monthly and quarterly.
- e. Unemployment Compensation - monthly.
- f. Child Advocate Bureau - reports directly to T.P.L. Unit when identified.
- g. Internal Revenue Service - annually.
- h. Motor Vehicles - Information furnished to T.P.L. unit on request; not computerized.

(2) Follow-Up Requirements:

SWICA, SSA, and IV-A will be followed up within 30 days. Workers Compensation and Unemployment Compensation will be followed up in 60 days. A TPL indicator on the recipient file pends claims for the recipient(s) for manual review. Where TPL coverage is found for the service provided, the claim is denied and the provider advised to bill the primary carrier prior to resubmitting a claim.

- (3) Information is requested by the T.P.L. Unit from the Department of Motor Vehicles on individual recipients identified through the Third Party Liability Alert. Motor Vehicles does not have accident and insurance information in machine readable format.

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- (4) Diagnosis and trauma code edit reports (Third Party Liability Alert) are produced monthly by the MMIS contractor.

Follow up on the Third Party Liability Alert report is performed by the third party unit in the Medicaid state office. Form letters are sent to each recipient identified on the monthly report, and followed if no response. Information obtained on insurance or liability potential is immediately entered into the claims processing system. Claims paid amounts are recovered from the third party identified from this process. Where there is potential litigation, the state agency's claim is submitted to the appropriate parties. Trauma code edits are reviewed periodically to give priority to those edits that produce the highest collections.

In addition, the state agency has a contract with Health Management Systems to review the paid claims file for the previous year against private insurance files, Champus, Workers Compensation files to determine if any claims were paid that should have been paid by another third party.

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